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## Guidelines

# Management Guidelines for the Neonate of Suspected or Confirmed COVID-19 Mother

### Objective

To provide public health and health care professionals guidelines regarding the priorities recommended for the management of the Neonate of suspected or confirmed COVID-19 mother.

### Rationale

As this is a new virus, there is limited evidence about caring for women with coronavirus infection in women when they have just given birth. A small number of babies have been diagnosed with coronavirus shortly after birth, so there is a chance that infection may have occurred in the womb, but it is not certain whether transmission was before or soon after birth. The maternity team will maintain strict infection control measures at the time of your birth and closely monitor your baby.

If mother is confirmed or suspected coronavirus when the baby is born, doctors who specialize in the care of newborn babies (neonatal doctors) will examine the baby and advise about their care, including whether they need testing.

### Management guidelines

#### Risk assessment

- Maintain high index of suspicion for signs of sepsis/unwell baby
  - No cases of vertical transmission have been confirmed although COVID-19 has been identified in babies born to COVID-19 positive mothers
- As babies are known to be significant shedders of respiratory viruses, a confirmed COVID-19 positive baby requires full infection control precautions (including stools)



## Neonatal care in birthing suite

- Assign a dedicated neonatal team member to attend the birth according to usual clinical indications (i.e. not required for reason of COVID-19 positive mother alone)
- Consider if neonatal stabilization/resuscitation outside of the birthing room/theatre is appropriate (to minimize staff exposure)
- If entry to the birthing room/theatre is required, use full PPE
- Where feasible, transport baby between locations in the facility in a closed system

## Respiratory support

- High risk activities (associated with aerosol dispersion) require full PPE use
  - Intubation and less invasive surfactant administration (LISA)
  - Use in-line suction with endotracheal tubes if possible
  - Continuous positive airway pressure (CPAP) and high flow therapies
- Where feasible, nurse babies requiring respiratory support in an incubator

## Neonatal testing

- Overseas expert clinicians have expressed concern about low sensitivity of the test (i.e. number of false negatives), but less concern with the specificity of the test (false positives), therefore a positive result may be more clinically informative than a negative result
- First test 12–24 hours after birth (earlier is likely to reflect maternal infection)
  - Consider second test 24 hours after first test to confirm result
  - Collect nasopharyngeal and oropharyngeal swab (single swab for both sites)
- Undertake subsequent testing as indicated (e.g. if baby becomes unwell, after maternal negative result, or as recommended by infectious disease team)
- Clearance requires two consecutive negative tests 24 hours apart

## Admission to nursery

- COVID-19 positive mother alone (i.e. no other neonatal criteria), is not itself an indication for admission to a neonatal nursery
- Perform clinical assessment after birth as per usual protocols
- Assess if required care can safely be provided during co-location with mother (preferred option)
- Follow usual clinical criteria, processes and protocols relevant to admission

## Neonatal surveillance

- Maintain high index of suspicion for signs of sepsis/unwell baby
- Provide post discharge advice about indications for readmission and possible course of disease
  - Most reported are respiratory symptoms requiring readmission 1–3 weeks after discharge
  - Delay routine follow-up as required (e.g. hearing screen)



*Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international recommendations and best practices.*

*The Ministry acknowledges the contribution of Dr. Yawar Najam (Neonatologist), Dr. Ijaz Khan (Paediatrician), Dr. Urooj Aqeel and HSA/ HPSIU/ NIH team to compile these guidelines.*

## References

1. Coronavirus (COVID-19) infection and pregnancy [Internet]. Royal College of Obstetricians & Gynecologists. [cited 2020Apr3]. Available from: <https://www.rcog.org.uk/coronavirus-pregnancy>
2. Queensland Clinical Guidelines Perinatal care of suspected or confirmed COVID-19 pregnant women. Guideline No. MN20.63-V1-R25. Queensland Health. 2020. Available from: <http://www.health.qld.gov.au/qcg>
3. Pediatric COVID-19 Guidelines-Version 1.0, March 2020-Aga Khan University hospital

**For more information, please contact:**

HSA/ HPSIU/ NIH, PM National Health Complex, Islamabad

<http://covid.gov.pk/>

<http://nhsrc.gov.pk/>

<https://www.facebook.com/NHSRCOfficial>

<http://www.hsa.edu.pk/>

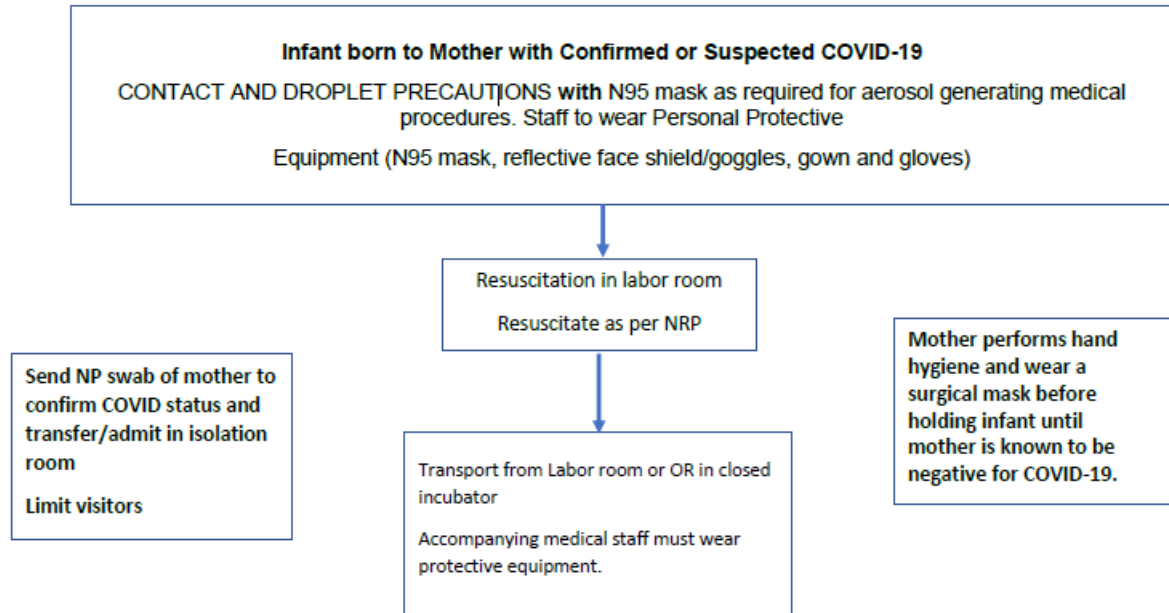
<https://twitter.com/nhsrcofficial>

<https://www.nih.org.pk/>

[https://www.youtube.com/channel/UCdYuzeSP4Ug1f\\_ZZ](https://www.youtube.com/channel/UCdYuzeSP4Ug1f_ZZ)

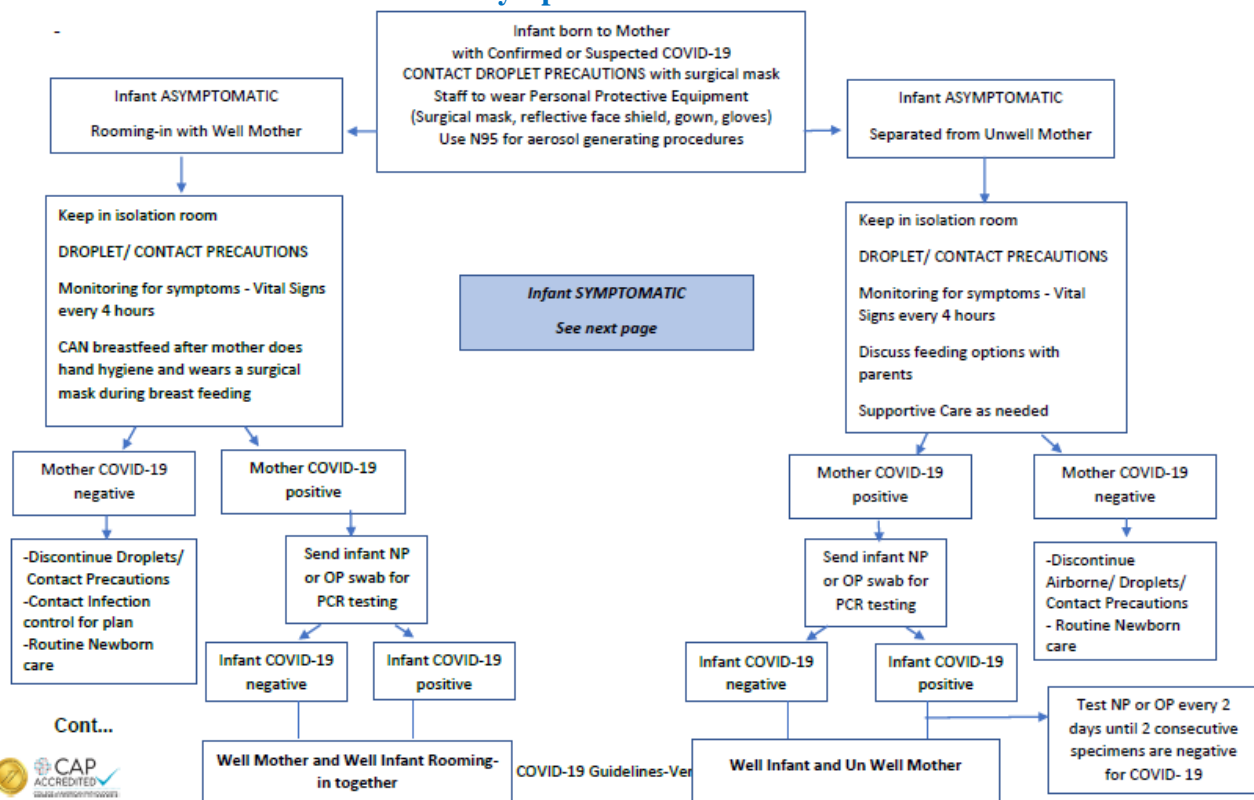
## Annex 'A'

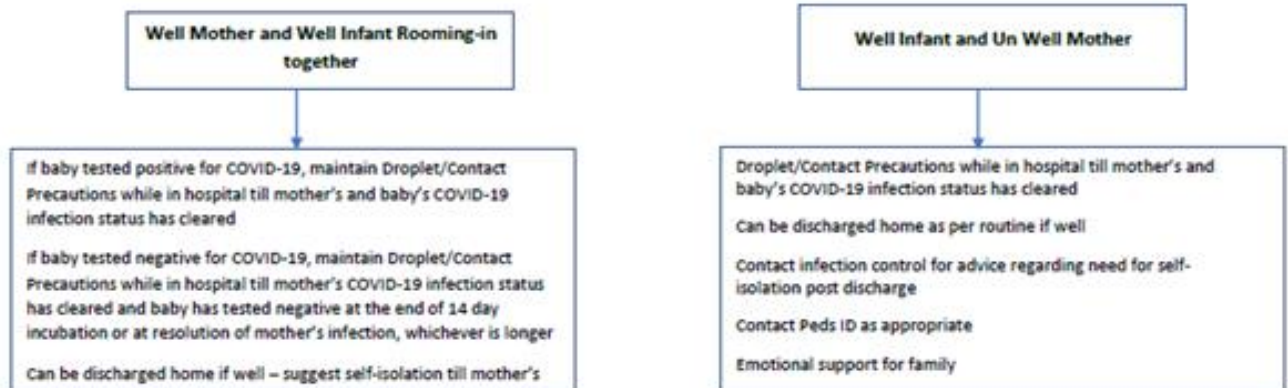
### Neonatal management in labor room



References: (1) Wang L et al. Chinese expert consensus on the perinatal and neonatal management for the prevention and control of the 2019 novel coronavirus infection (First edition). Ann Transl Med 2020 | <http://dx.doi.org/10.21037/atm.2020.02.20> (2) <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/>

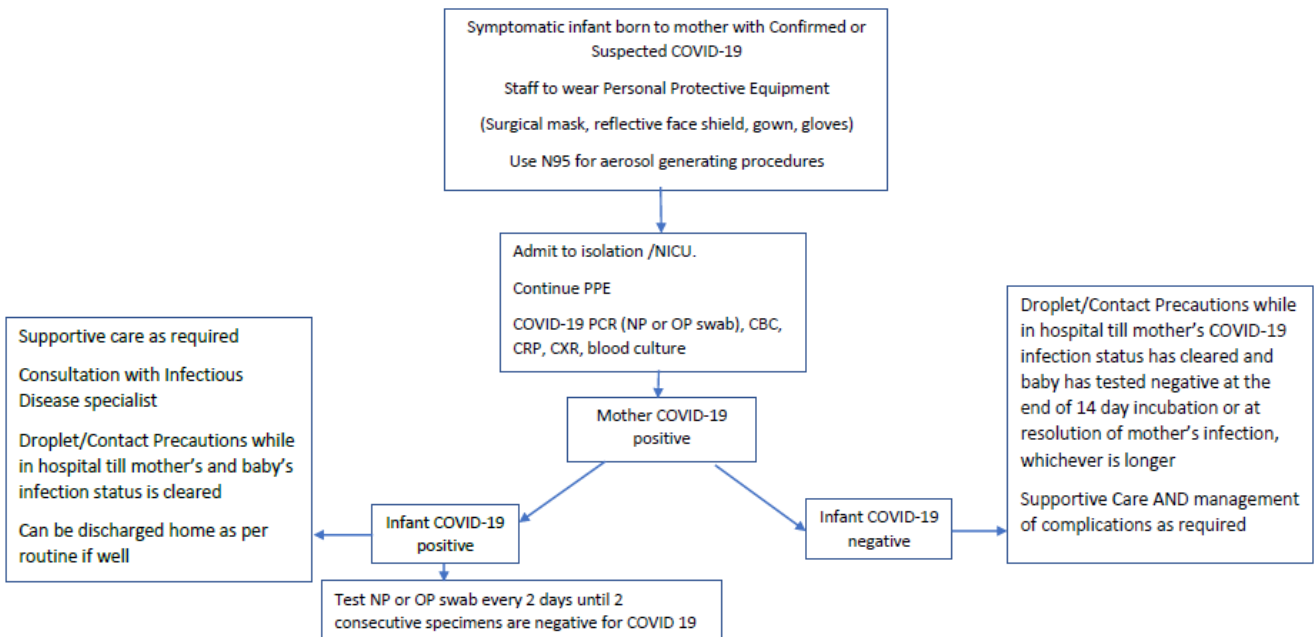
### Asymptomatic Newborn





References: (1) Wang L et al. Chinese expert consensus on the perinatal and neonatal management for the prevention and control of the 2019 novel coronavirus infection (First edition). Ann Transl Med 2020 | <http://dx.doi.org/10.21037/atm.2020.02.20> (2) <https://www.rocg.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/>

### Symptomatic Newborn



References: (1) Wang L et al. Chinese expert consensus on the perinatal and neonatal management for the prevention and control of the 2019 novel coronavirus infection (First edition). Ann Transl Med 2020 | <http://dx.doi.org/10.21037/atm.2020.02.20> (2) <https://www.rocg.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/>